

## **AFFIDAVIT OF SOCIAL AND ECONOMIC DISADVANTAGE**

Note: This form must be signed and notarized for each owner upon which disadvantaged status is relied.

### **SOCIAL DISADVANTAGE**

I hereby certify under penalty of perjury that I am a member of one of the following groups:

☐ African American    ☐ Hispanic    ☐ Native American    ☐ Caucasian    ☐ Asian Pacific    ☐ Asian Indian

Other Ethnic Group (*Explain*) \_\_\_\_\_

And that I have held myself out as a member of that group and have acted as a member of that group.

I further certify that I am an owner of the company seeking DBE certification and that I have experienced social disadvantage due to the effects of discrimination based upon my (*check all that apply*)

☐ Race    ☐ Ethnicity    ☐ Gender    ☐ Other (*explain*) \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PERSONAL FINANCIAL STATEMENT**

I hereby certify under penalty of perjury that my personal net worth does not exceed \$750,000.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The statement is supported by (*check one*):

- ☐ A signed, notarized statement of personal net worth, with appropriate supporting documentation.
- ☐ A signed, notarized statement from a certified public accountant (CPA) attesting that he/she has examined my personal net worth and determined, consistent with the provisions of §26.67CFR (a)(2) and generally accepted accounting standards, that my personal net worth does not exceed \$750,000.

### **NOTARY CERTIFICATE**

STATE OF \_\_\_\_\_

\_\_\_\_\_ } SS:  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_ Printer/typed name of Notary Public \_\_\_\_\_

County of residence \_\_\_\_\_ Date commission expires \_\_\_\_\_